CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-10 Medicare Quality Improvement Organization	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 30	**Date: April 21 2017**

SUBJECT: QIO Manual Chapter 16 – "Healthcare Quality Improvement Program"

I. SUMMARY OF CHANGES: This revision of the QIO Manual provides general updated language consistent with current program operations.

EFFECTIVE DATE: * April 21, 2017
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: * April 21, 2017

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	16/16000/Introduction
R	16/16005/Quality Improvement Interventions
R	16/16025/Developing and Spreading Successful Interventions
R	16/16035/Documenting and Disseminating Results
D	16/16050/CMS Project Support and Guidance Activities
D	16/16100/Related Activities Through QIO, Carrier, Intermediary, and ESRD Network Cooperation

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Manual Instruction

Quality Improvement Organization Manual
Chapter 16 – Healthcare Quality Improvement Program
(*Rev.30, Issued: 04-21-17*)

Table of Contents

Transmittals for Chapter 16

16000 Introduction
16005 Quality Improvement *Interventions*
16025 Developing and *Spreading Successful* Interventions

16000 Introduction
(*Rev. 30, Issued: 04-21-17, Effective: 04-21-17, Implementation: 04-21-17*)

The Quality Improvement Organization (QIO) Program is based on broad statutory and regulatory authorities.

- *QIOs perform one or more of the functions listed in Section 1154(a) of the Social Security Act, and Section 1154(a)(18) of Act authorizes that: "The organization shall perform, subject to the terms of the contract, such other activities as the Secretary determines may be necessary for the purposes of improving the quality of care furnished to individuals with respect to items and services for which payment may be made under title XVIII."*
- *42 CFR 480.101 Definitions states "Quality review study means an assessment, conducted by or for a QIO, of a patient care problem for the purpose of improving patient care through peer analysis, intervention, resolution of the problem and follow-up. Quality review study information means all documentation related to the quality review study process."*
- *42 CFR 476.1 Definitions states "Quality improvement initiative means any formal activity designed to serve as a catalyst and support for quality improvement that uses proven methodologies to achieve these improvements. The improvements may relate to safety, health care, health and value and involve providers, practitioners, beneficiaries, and/or communities."*

The objectives of CMS*'s healthcare q*uality *i*mprovement *p*rogram *are: (1)improve quality of care for beneficiaries; (2) protect the integrity of the Medicare Trust Fund by ensuring that Medicare pays only for services and goods that are reasonable and necessary and are provided in the most appropriate setting; and (3) protect beneficiaries by expeditiously addressing: individual complaints; provider-based notice appeals; alleged violations of the EMTALA; and other related responsibilities in QIO law.*

QIOs also assist healthcare providers, practitioners, beneficiaries and communities by identifying and analyzing data from various sources *to change and improve* the patterns of care and *behaviors of Medicare beneficiaries* in targeted areas. CMS chooses these areas based on the *data obtained* and on the feasibility of measuring and improving *the* quality *of care to beneficiaries.*

16005 Quality Improvement *Interventions*
(*Rev. 30, Issued: 04-21-17, Effective: 04-21-17, Implementation: 04-21-17*)

QIOs perform quality improvement functions in accordance with the terms that CMS defines in its QIO contracts. QIOs may assist with implementing quality improvement functions through a set of related *intervention* activities designed to achieve measurable improvement in processes and outcomes of care. *QIOs assist healthcare providers, practitioners, plans and/or beneficiaries with achieving better healthcare and quality* improvements through interventions that target *Medicare beneficiaries.*

QIOs are encouraged to be innovative in the development of strategies and build on activities that other QIOs or other interested parties have developed and tested. *QIOs* are accountable for demonstrating success in achieving the objectives in as efficient and effective a manner as feasible. *QIOs must* continually evaluate progress against the original objectives*, and* document *how quality improvement* experiences can contribute to a growing understanding of what works and what does not work to improve care. QIOs are charged with identifying and *assisting healthcare providers, practitioners, plans and/or beneficiaries with* implementing intervention strategies *designed to affect identified quality of care measures (or quality measures)* to improve performance *in the desired manner compared to a measure baseline* as well as document and disseminate the *results of the intervention.*

Quality improvement *interventions should be based on and developed from* scientific evidence from clinical research reported in the peer-reviewed literature, consensus that has already been developed, and, where possible, guidelines that have already been written. Carrying out improvement projects may involve applying the results of research studies and may utilize many of the tools and terminology of epidemiological, clinical, or health services research. However, *quality improvement interventions* should not involve:

- Efforts to prove that a process of care is effective or ineffective
- Development of practice guidelines

16025 Developing and *Spreading Successful* Interventions
(Rev. 30, Issued: 04-21-17, Effective: 04-21-17, Implementation: 04-21-17)

The QIO is responsible for developing and/*or spreading successful quality improvement* interventions. The interventions should serve to change the processes or situations that serve as obstacles to optimal care or health status (e.g., *obstacles* that discourage implementation of best practice guidelines). The success of an intervention is judged by its effect; that is, a good intervention is one that results in a positive change in the *outcome,* process, situation, or behavior. Interventions must be designed to affect the practices or behaviors of those institutions or individuals directly involved in the provision and/or acceptance of healthcare.

Interventions are best when they are evidence-based, *proven, appropriate,* and *supported by a QIO* proposing methods that facilitate improvement. For example, if *a QIO* can statistically demonstrate to representatives of a particular hospital that its *median time from emergency department (ED) arrival to ED departure for admitted patients* is significantly higher than that of the State, and at the same time, suggest changes in hospital practices that are designed to reduce that time, *the QIO (and the intervention itself)* will have a greater likelihood of success. *QIOs* may use written communications, discussions with individual providers, presentations at conferences or special meetings, media releases, Web page presentations, or any of the *modes of* communication available.

QIOs should direct intervention efforts toward convincing *the* target audience to make the appropriate change(s). In some instances, *the* intervention may directly target the individual or institution whose behavior *a QIO* wish*es* to change (e.g., a direct contact with beneficiaries designed to increase the *influenza* immunization rate) while in other cases the intervention will be less direct (e.g., encouraging hospitals to institute procedures that promote *influenza* immunization for all patients).

16035 Documenting and Disseminating Results
(Rev. 30, Issued: 04-21-17, Effective: 04-21-17, Implementation: 04-21-17)

In addition to satisfying the reporting requirements specified in your contract, there are a number of activities *QIOs* may undertake to document and disseminate the results *of quality improvement interventions*. For example:

- Quantify the effect of the project on improving care by addressing:

    - The number of beneficiaries and proportion of the universe of eligible beneficiaries in the State*(s)* directly affected
    - Expected cost savings (if applicable)
    - The benefit(s) attributable to this project
- Evaluate the project process by:
    - What worked and what did not work
    - What factors *were* associated with success or failure
    - Lessons learned
- Assess the effect of the project on the capacity to affect improvement:
    - What factors led to capacity building
    - What obstacles were overcome or proved insurmountable
- Share information concerning *the QIO's* improvement projects with individual partners, the medical and beneficiary community, and other QIOs, as appropriate in accordance with the QIO confidentiality requirements (See Chapter 10), communications requirements (See Chapter 12) and as specified in *the QIO* contract.